CROWLEY LOGISTICS
A Subsidiary of Crowley Maritime Corporation

SED INFORMATION FORM

SEND TO:
Attention: SED CLERK
FAX: 904-805-1650 OR
EMAIL: SEDCLERK@CROWLEY.COM
24 HOURS PRIOR TO EXPORT DATE

CUSTOMER NAME:	

CLI INFORMATION ONLY:

CLASS CHARGE:	
ITN:	
XTN:	
OBL NUMBER:	

SHIPMENT INFORMATION

1) Ocean Carrier Name: _____

2) Booking Number: _____

3)Export Date (Sail Date) _____

4) Port of Export: _____

5) Port of Unloading: _____

6) Shipper or Exporter Name & Address:

7) Ultimate Destination Cntry: _____

8) Ultimate Consignee Name & Address:

9) Hazardous: YES NO

10) License Required YES NO

11) License No: _____

12) EAR Number: _____

13) ECC Number _____

14) Used Vehicle: YES NO

15) VIN or PIN NO _____

COMMODITY INFORMATION

Schedule B Number or Commodity Description	QTY	Wgt (Kilos)	$ Value	Origin of Goods D or F